-	in this information to ident	tify your case:		
	ted States Bankruptcy Court			
	, ,			
	RTHERN DISTRICT OF OHI			
Cas	e number (if known)	Chapter	Check if this an amended filing	
f me	ore space is needed, attach more information, a separa	ate document, Instructions for Bankruptcy Forms	additional pages, write the debtor's name and case numb	4/16 per (if knowr
1.	Debtor's name	Delaware Motel Associates, Inc.		
2.	All other names debtor used in the last 8 years			
2.				
	used in the last 8 years Include any assumed names, trade names and	34-1849610		
3.	used in the last 8 years Include any assumed names, trade names and doing business as names Debtor's federal Employer Identification	34-1849610 Principal place of business	Mailing address, if different from principal p business	lace of
3.	used in the last 8 years Include any assumed names, trade names and doing business as names Debtor's federal Employer Identification Number (EIN)	Principal place of business 7323 State Route 37 East		lace of
3.	used in the last 8 years Include any assumed names, trade names and doing business as names Debtor's federal Employer Identification Number (EIN)	Principal place of business	business 4508 Monticello Blvd.	
3.	used in the last 8 years Include any assumed names, trade names and doing business as names Debtor's federal Employer Identification Number (EIN)	Principal place of business 7323 State Route 37 East Sunbury, OH 43074	business 4508 Monticello Blvd. S. Euclid, OH 44143	de

Type of debtor

■ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

 $\ \square$ Other. Specify:

			District		hern District of Akron Division	When	7/12/16	Case number, if known	16-51653
	business partner or an affiliate of the debtor? List all cases. If more than 1, attach a separate list	■ res.	Debtor	Turk	eyfoot Lake Road	Land Ho	oldings, LLC	_ Relationship	Co-Debtor
10.	Are any bankruptcy cases pending or being filed by a	□ No ■ Yes.							
			District			_ When		Case number	
	If more than 2 cases, attach a separate list.		District			When		Case number	
9.	Were prior bankruptcy cases filed by or against the debtor within the last 8 years?	■ No.							
		☐ Cha	apter 12		The debtor is a shell	company	as defined in the Sec	curities Exchange Act of 19	34 Kule 12b-2.
				_	Exchange Commission attachment to Volunt (Official Form 201A)	on accord ary Petitic with this f	ing to § 13 or 15(d) o on for Non-Individuals orm.	ample, 10K and 10Q) with f the Securities Exchange of Filing for Bankruptcy under	Act of 1934. File the er Chapter 11
					accordance with 11 L	J.S.C. § 1	126(b).	om one or more classes of	
				_	A plan is being filed v	•			t ann altha an 1
				_	business debtor, atta statement, and feder procedure in 11 U.S.	ch the mo al income C. § 1116	est recent balance she tax return or if all of t (1)(B).	11 U.S.C. § 101(51D). If the eet, statement of operation hese documents do not ex	s, cash-flow
					are less than \$2,566.	,050 (amo	unt subject to adjustr	(excluding debts owed to in nent on 4/01/19 and every	3 years after that).
		■ Cha	apter 11. <i>C</i>	_	all that apply:	oncorti	ont liquidated debte	(avaluding dabta and data to	noidoro er affiliataa
	debtor filing?	☐ Cha	•						
8.	Under which chapter of the Bankruptcy Code is the	Check o							
		See —	http://www		an Industry Classificat urts.gov/four-digit-natio			est describes debtor.	
					as defined in 15 U.S.C			oot doordbaa dalata	
								(as defined in 15 U.S.C. §8	30a-3)
		_	ck all that a exempt en		described in 26 U.S.C	C. §501)			
		■ Nor	ne of the at	oove					
		_	-		efined in 11 U.S.C. § 7				
			,		ned in 11 U.S.C. § 101 as defined in 11 U.S.C	, ,,)		
		☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) ☐ Railroad (as defined in 11 U.S.C. § 101(44))							
7.	Describe debtor's business	A. Check one: Health Care Business (as defined in 11 U.S.C. § 101(27A))							
	Name Name	J.2.00,					, -		
Deni	U Delaware Motel Asso	ciates.	inc.				Case Hulliber (II kno	wii)	

Debt	Belattare moter As	sociates,	Inc.	Case number (if known	n)			
	Name							
11.	Why is the case filed in	Check all	I that apply:					
	this district?		Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.					
		□ A b	pankruptcy case concerning de	btor's affiliate, general partner, or partners	ship is pending in this district.			
12.	Does the debtor own or	-						
	have possession of any real property or personal	■ No □ Yes.	Answer below for each proper	rty that needs immediate attention. Attach	additional sheets if needed.			
	property that needs immediate attention?		Why does the property need	d immediate attention? (Check all that a	pply.)			
			☐ It poses or is alleged to pos	se a threat of imminent and identifiable ha	azard to public health or safety.			
			What is the hazard?					
			☐ It needs to be physically se	ecured or protected from the weather.				
				ds or assets that could quickly deteriorate meat, dairy, produce, or securities-related	or lose value without attention (for example,			
			Other		. ,			
			Where is the property?					
				Number, Street, City, State & ZIP Code	,			
			Is the property insured?					
			□ No					
			☐ Yes. Insurance agency					
			Contact name					
			Phone					
	Statistical and admin	istrative ir	nformation					
13.	Debtor's estimation of	. <i>C</i>	Check one:					
	available funds		Funds will be available for dis	stribution to unsecured creditors.				
			After any administrative expe	nses are paid, no funds will be available t	o unsecured creditors.			
14.	Estimated number of	■ 1-49		☐ 1,000-5,000	☐ 25,001-50,000			
	creditors	□ 50-99		<u> </u>	<u></u> 50,001-100,000			
		100-19		□ 10,001-25,000	☐ More than100,000			
		□ 200-9	99					
15.	Estimated Assets	□ \$0 - \$	•	■ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
			01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
			001 - \$500,000 001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
				,,, , , , , , , , , , , , , , ,	_			
16.	Estimated liabilities	□ \$0 - \$	50,000 001 - \$100,000	\$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
			001 - \$100,000 001 - \$500,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion			
			001 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ More than \$50 billion			
				• • • • • • • • • • • • • • • • • • • •				

Official Form 201

_				
П	Δ	h	tΛ	r

Delaware Motel Associates, Inc.

Case number (if known)

Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Email address

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is trued and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

July 24, 2016 MM / DD / YYYY

X	/s/ Champakbhai Patel
	Signature of authorized representative of debtor

Champakbhai Patel

Printed name

Title President

18. Signature	of attorney
---------------	-------------

X /s/ David A. Mucklow, Esq.

Signature of attorney for debtor

Date July 24, 2016

davidamucklow@yahoo.com

MM / DD / YYYY

David A. Mucklow, Esq.

Printed name

David A. Mucklow

Firm name

919 East Turkeyfoot Lake Road Akron, OH 44312

Number, Street, City, State & ZIP Code

330-896-8190

0072875

Contact phone

Bar number and State

Fill in this info				
Debtor name	Delaware Motel Ass	ociates, Inc.		
United States I	Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			☐ Check if this is an amended filing
Official Fo	rm 202			

Declaration Under Penalty of Perjury for Non-Individual Debtors

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

ments checked below and I have a reasonable belief that the information is true and correct:
rsonal Property (Official Form 206A/B) laims Secured by Property (Official Form 206D) Unsecured Claims (Official Form 206E/F) Ind Unexpired Leases (Official Form 206G) Im 206H) Ind Von-Individuals (Official Form 206Sum) It of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204) Ideration Legoing is true and correct.
X /s/ Champakbhai Patel Signature of individual signing on behalf of debtor Champakbhai Patel Printed name

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

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Best Case Bankruptcy

Fill in this information to identify the case			
Debtor name			
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		Check if this is an
Case number (if known):		a	amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
		and government contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Ohio Bureau of Workers Compensation 30 W. Spring St. Columbus, OH 43215						\$0.00

Official form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured claims

page 1

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Best Case Bankruptcy

Fill in this information to identify the case:							
Debtor name	Delaware Motel Associates, Inc.	-					
United States I	Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO	-					
Case number (if known)	☐ Check if this is an					
		amended filing					

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Par	t 1: Summary of Assets		
1.	Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)		
	1a. Real property: Copy line 88 from Schedule A/B	\$_	1,761,800.00
	1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$_	19,400.00
	1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$_	1,781,200.00
Par	t 2: Summary of Liabilities		
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$	1,715,638.71
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
	3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F	\$_	0.00
	3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$_	0.00
4.	Total liabilities Lines 2 + 3a + 3b	\$	1,715,638.71

Official Form 206Sum

Fill in this information to identify the case:	
Debtor name Delaware Motel Associates, Inc.	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO	
Case number (if known)	
	Check if this is an amended filing
Official Form 206A/B	
Schedule A/B: Assets - Real and Personal Property	12/15
Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, of Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. A which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official For	Iso include assets and properties A/B, list any executory contracts
Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the debtor's name and case number (if known). Also identify the form and line number to which the addition additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.	
For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting so schedule or depreciation schedule, that gives the details for each asset in a particular category. List each a debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms	asset only once. In valuing the
Part 1: Cash and cash equivalents 1. Does the debtor have any cash or cash equivalents?	
1. Does the debtor have any cash of cash equivalents:	
No. Go to Part 2.	
☐ Yes Fill in the information below. All cash or cash equivalents owned or controlled by the debtor	Current value of
The Gallier Gallier equitation of the Gallier and Synthe Gallier	debtor's interest
Part 2: Deposits and Prepayments	
6. Does the debtor have any deposits or prepayments?	
■ No. Go to Part 3.	
☐ Yes Fill in the information below.	
Part 3: Accounts receivable	
10. Does the debtor have any accounts receivable?	
■ No. Go to Part 4.	
☐ Yes Fill in the information below.	
Part 4: Investments	
13. Does the debtor own any investments?	
■ No. Go to Part 5.	
■ No. Go to Part 5. ☐ Yes Fill in the information below.	
Part 5: Inventory, excluding agriculture assets	
18. Does the debtor own any inventory (excluding agriculture assets)?	
No. Code Book C	
■ No. Go to Part 6. ☐ Yes Fill in the information below.	
- 103 mm the information below.	
Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)	
27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and	d land)?

■ No. Go to Part 7.

Official Form 206A/B Schedule A/B Assets - Real and Personal Property

page 1

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Debtor	Delaware Motel Associates, Inc.	Case	number (If known)	
_				
□ Ye	es Fill in the information below.			
Part 7:	Office furniture, fixtures, and equipment; and c			
38. Doe s	s the debtor own or lease any office furniture, fixture	es, equipment, or collectibles	?	
□ N	o. Go to Part 8.			
■ Y	es Fill in the information below.			
	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
	(90) Beds and furniture	\$0.00	Liquidation	\$15,000.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment	nt and		
	communication systems equipment and software Office equipment and computer	\$0.00		\$1,000.00
	Omoc equipment and compater	Ψ0.00		Ψ1,000.00
	Linens	\$0.00		\$1,000.00
	_(60) TV's	\$0.00		\$2,400.00
42.	Collectibles <i>Examples</i> : Antiques and figurines; paintir books, pictures, or other art objects; china and crystal; collections; other collections, memorabilia, or collectible	stamp, coin, or baseball card	_	
43.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.		-	\$19,400.00
44.	Is a depreciation schedule available for any of the p ■ No □ Yes	property listed in Part 7?		
45.	Has any of the property listed in Part 7 been apprai ■ No □ Yes	ised by a professional within	the last year?	
Part 8:	Machinery, equipment, and vehicles			
46. Doe s	s the debtor own or lease any machinery, equipment	t, or vehicles?		
■ N	o. Go to Part 9.			
	es Fill in the information below.			
Part 9:	Real property			
54. Doe s	s the debtor own or lease any real property?			
□ N	o. Go to Part 10.			
■ Ye	es Fill in the information below.			
55.	Any building, other improved real estate, or land w	hich the debtor owns or in wl	hich the debtor has an inter	rest

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 2

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Debtor	Delaware Motel Associate	s, Inc.	Case	number (If known)		
	Name					
	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest	
	7323 State Route 37, Sunbury, Ohio 43074	Fee simple	\$0.00		\$1,761,800.00	
56.	Total of Part 9.				\$1,761,800.00	
	Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.					
57.	Is a depreciation schedule available for any of the property listed in Part 9? ■ No □ Yes					
58.	Has any of the property listed in ■ No □ Yes	Part 9 been appraised	by a professional within	the last year?		
Part 10:	•					
59. Does	s the debtor have any interests in i	intangibles or intellec	tual property?			
	o. Go to Part 11.					
⊔ Y€	es Fill in the information below.					
Part 11:						
	s the debtor own any other assets ide all interests in executory contracts			this form.		
■ No	o. Go to Part 12.					
□ Ye	es Fill in the information below.					

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 3

Part 12: Summary

In Pa	art 12 copy all of the totals from the earlier parts of the form			
	Type of property	Current value of personal property	Current	value of real
80.	Cash, cash equivalents, and financial assets. Copy line 5, Part 1	\$0.00		
81.	Deposits and prepayments. Copy line 9, Part 2.	\$0.00		
82.	Accounts receivable. Copy line 12, Part 3.	\$0.00		
83.	Investments. Copy line 17, Part 4.	\$0.00	-	
84.	Inventory. Copy line 23, Part 5.	\$0.00		
85.	Farming and fishing-related assets. Copy line 33, Part 6.	\$0.00		
86.	Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$19,400.00		
87.	Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$0.00		
88.	Real property. Copy line 56, Part 9	>		\$1,761,800.00
89.	Intangibles and intellectual property. Copy line 66, Part 10.	\$0.00		
90.	All other assets. Copy line 78, Part 11.	+\$0.00		
91.	Total. Add lines 80 through 90 for each column	\$19,400.00	+ 91b.	\$1,761,800.00
92.	Total of all property on Schedule A/B. Add lines 91a+91b=92			\$1,781,200.00

Official Form 206A/B

Fill in Abic information to identify the			
Fill in this information to identify the Debtor name			
United States Bankruptcy Court for the:	<u> </u>		
Officed States Bankruptcy Court for the.	NONTHERN DISTRICT OF ORIO		
Case number (if known)		_	Check if this is an amended filing
Official Form 206D			
Schedule D: Creditors	Who Have Claims Secured by Pr	operty	12/15
Be as complete and accurate as possible. 1. Do any creditors have claims secured by	debter's property?		
•	age 1 of this form to the court with debtor's other schedules.	Debtor has nothing else to	report on this form.
Yes. Fill in all of the information by		Bobton nao notimig oloo to	roport on time form.
Part 1: List Creditors Who Have Se			
	ho have secured claims. If a creditor has more than one secured	Column A	Column B
claim, list the creditor separately for each clai		Amount of claim	Value of collateral that supports this
		Do not deduct the value of collateral.	claim
2.1 Delaware County Treasurer	Describe debtor's property that is subject to a lien	\$44,103.63	\$1,761,800.00
Creditor's Name	7323 State Route 37, Sunbury, Ohio 43074		
140 N. Sandusky St. Delaware, OH 43015			
Creditor's mailing address	Describe the lien		
	Statutory Lien Is the creditor an insider or related party?	-	
	■ No		
Creditor's email address, if known	Yes		
Date debt was incurred	Is anyone else liable on this claim? No		
Date debt was incurred	☐ Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Last 4 digits of account number	_ 150.1 50.150.15 550.550.5 (650.1 . 5 250.1)		
Do multiple creditors have an	As of the petition filing date, the claim is:		
interest in the same property? ☐ No	Check all that apply Contingent		
Yes. Specify each creditor,	☐ Unliquidated		
including this creditor and its relative	☐ Disputed		
priority. 1. Phoenix Grantor Trust,			
acting			
2. Delaware County Treasurer			
3. Ohio Department of			
Taxation			
Ohio Department of			
Taxation	Describe debtor's property that is subject to a lien	\$62,333.08	\$1,761,800.00
Creditor's Name Bankruptcy Division	7323 State Route 37, Sunbury, Ohio 43074		
PO Box 530		_	
Columbus, OH 43216	Barrella Hallan		
Creditor's mailing address	Describe the lien Statutory Lien		
	Is the creditor an insider or related party?	-	
	No		
Creditor's email address, if known	☐ Yes Is anyone else liable on this claim?		
Date debt was incurred	■ No		

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

ebtor Delaware Motel Associat	es, Inc.	Case number (if know)	
Name			
Last 4 digits of account number	Yes. Fill out Schedule H: Codebtors (Official Fi	orm 206H)	
East 4 digits of account number			
Do multiple creditors have an	As of the petition filing date, the claim is:		
interest in the same property? ☐ No	Check all that apply ☐ Contingent		
_ `	☐ Unliquidated		
Yes. Specify each creditor, including this creditor and its relative	☐ Disputed		
priority.	■ Disputed		
Specified on line 2.1			
Phoenix Grantor Trust,			
acting	Describe debtor's property that is subject to a		\$1,761,800.00
Creditor's Name	7323 State Route 37, Sunbury, Ohio	43074	
through its trustee, OAT Trustee,			
301 Commerce Street, Ste.			
3300			
Fort Worth, TX 76102			
Creditor's mailing address	Describe the lien		
	Mortgage		
	Is the creditor an insider or related party?		
	No		
Creditor's email address, if known	☐ Yes Is anyone else liable on this claim?		
Date debt was incurred			
Date dest was meaned	_ ```	00011)	
Last 4 digits of account number	Yes. Fill out Schedule H: Codebtors (Official F	Jrm 206H)	
Do multiple creditors have an	As of the petition filing date, the claim is:		
interest in the same property?	Check all that apply		
No	☐ Contingent		
Yes. Specify each creditor, including this creditor and its relative	☐ Unliquidated		
priority.	☐ Disputed		
Specified on line 2.1			
Total of the dellar amounts from Part 1	, Column A, including the amounts from the Addit	\$1,715,638.7	
Total of the donar amounts from Part 1	, Column A, including the amounts from the Addit	lonai Page, ii any.	
rt 2: List Others to Be Notified for	a Debt Already Listed in Part 1		
	nust be notified for a debt already listed in Part 1.	Examples of entities that may be listed a	re collection agencies,
signees of claims listed above, and attor	•		
o others need to notified for the debts li Name and address	sted in Part 1, do not fill out or submit this page. I	f additional pages are needed, copy this On which line in Part 1 did	page. Last 4 digits of
וישוווס מווע מעעוכסס		you enter the related creditor?	account number for

Official Form 206D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill i	n this information to identify the case:		Ī	
Debt	or name _ Delaware Motel Associates, I	nc.		
Unite	ed States Bankruptcy Court for the: NORTHE	RN DISTRICT OF OHIO		
Case	number (if known)			
Just				c if this is an ded filing
Off	icial Form 206E/F			
		o Have Unsecured Claims		12/15
List th	e other party to any executory contracts or unexp nal Property (Official Form 206A/B) and on <i>Sched</i>	r creditors with PRIORITY unsecured claims and Part 2 for credito bired leases that could result in a claim. Also list executory contra ule G: Executory Contracts and Unexpired Leases (Official Form 2 art 1 or Part 2, fill out and attach the Additional Page of that Part in	cts on <i>Schedule A/L</i> 206G). Number the e	3: Assets - Real and ntries in Parts 1 and
Part	1: List All Creditors with PRIORITY Unse	cured Claims		
1.	Do any creditors have priority unsecured claims	s? (See 11 U.S.C. § 507).		
	☐ No. Go to Part 2.			
	Yes. Go to line 2.			
2	List in alphabetical order all creditors who hav with priority unsecured claims, fill out and attach the second seco	e unsecured claims that are entitled to priority in whole or in part.	. If the debtor has mo	re than 3 creditors
			Total claim	Priority amount
2.1	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00	\$0.00
2.1	Internal Revenue Service	Check all that apply.	<u> </u>	y yo.oo
	P.O. Box 7346 Philadelphia, PA 19101	☐ Contingent ☐ Unliquidated		
	i illiadelpilla, i A 19101	☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		Notice Purposes	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	■ No		
		☐ Yes		
Part	2: List All Creditors with NONPRIORITY	Unsecured Claims		
3		th nonpriority unsecured claims. If the debtor has more than 6 cred	itors with nonpriority ι	insecured claims, fill
				Amount of claim
3.1	Nonpriority creditor's name and mailing addre		that apply.	Unknown
	Ohio Bureau of Workers Compensat	ion ☐ Contingent ☐ Unliquidated		
	30 W. Spring St.	·		
	30 W. Spring St. Columbus, OH 43215	☐ Disputed		
	Columbus, OH 43215 Date(s) debt was incurred _	☐ Disputed Basis for the claim:		
	Columbus, OH 43215	•		
3.2	Columbus, OH 43215 Date(s) debt was incurred _ Last 4 digits of account number _ Nonpriority creditor's name and mailing addre	Basis for the claim: Is the claim subject to offset? ■ No □ Yes	that apply.	\$0.00
3.2	Columbus, OH 43215 Date(s) debt was incurred _ Last 4 digits of account number _ Nonpriority creditor's name and mailing addressed and Garden	Basis for the claim:	that apply.	\$0.00
3.2	Columbus, OH 43215 Date(s) debt was incurred _ Last 4 digits of account number _ Nonpriority creditor's name and mailing addre	Basis for the claim:	that apply.	\$0.00
3.2	Columbus, OH 43215 Date(s) debt was incurred _ Last 4 digits of account number _ Nonpriority creditor's name and mailing address Sound Garden PO Box 2028	Basis for the claim:	that apply.	\$0.00

Schedule E/F: Creditors Who Have Unsecured Claims

page 1 of 2

Best Case Bankruptcy

Official Form 206E/F

36911

Debtor	201411410 111010171000014100, 11101	Case nur	mber (if known)	
assigr	Name n alphabetical order any others who must be notified for claims listed in Parts 1 and nees of claims listed above, and attorneys for unsecured creditors. others need to be notified for the debts listed in Parts 1 and 2, do not fill out or sub		,	
	Name and mailing address	On which	line in Part1 or Part 2 is the editor (if any) listed?	Last 4 digits of account number, if any
4.1	Internal Revenue Service Insolvency Group 1240 East 9th Street Room 403 Cleveland, OH 44199	Line 2.1	_ listed. Explain	_
Part 4:	Total Amounts of the Priority and Nonpriority Unsecured Claims			
5. Add t	the amounts of priority and nonpriority unsecured claims.			
	al claims from Part 1 al claims from Part 2	5a. 5b. +		00
	al of Parts 1 and 2 es 5a + 5b = 5c.	5c.	\$	0.00

				_
Fill in	this information to identify the case:			
Debto	r name Delaware Motel Associa	tes, Inc.		
United	States Bankruptcy Court for the: NO	RTHERN DISTRICT OF OH	IO	
Case	number (if known)			☐ Check if this is an amended filing
Offic	cial Form 206G			
Sch	edule G: Executory C	ontracts and U	nexpired Leases	12/15
Be as	complete and accurate as possible. If	more space is needed, co	ppy and attach the additional page, nu	mber the entries consecutively.
		th the debtor's other schedu	es? ules. There is nothing else to report on t es are listed on <i>Schedule A/B: Assets - F</i>	
2. Lis	t all contracts and unexpired leas	ses	State the name and mailing add whom the debtor has an execute lease	
2.1.	State what the contract or lease is for and the nature of the debtor's interest	Executory Contract to manage the Debtor		
	State the term remaining			
	List the contract number of any government contract		Sunberry, LLC 4508 Monticello Blvd. Cleveland, OH 44143	

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

F:U : AI		1100		
Debtor r	nis information to identify the name Delaware Motel			
		the: NORTHERN DISTRICT OF OHIO		
	imber (if known)	No. Month Entra Bio Filip of Child		
Oase no	iniber (ii kilowii)			☐ Check if this is an amended filing
Offici	al Form 206H			
Sche	dule H: Your C	odebtors		12/15
Be as co Addition	omplete and accurate as po al Page to this page.	ossible. If more space is needed, copy the Ad	dditional Page, numbering the entri	es consecutively. Attach the
1. D	o you have any codebtors	?		
□ No. 0	Check this box and submit th	is form to the court with the debtor's other scheo	dules. Nothing else needs to be report	ted on this form.
2. In C	ditors, Schedules D-G. Incl	s all of the people or entities who are also liab ude all guarantors and co-obligors. In Column 2 the codebtor is liable on a debt to more than on	, identify the creditor to whom the deb	t is owed and each schedule
	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Alata I. Patel	24399 Lorain Rd. North Olmsted, OH 44070	Phoenix Grantor Trust, acting	■ D <u>2.3</u> □ E/F
2.2	Champakbhai Patel	24399 Lorain Rd. North Olmsted, OH 44070	Phoenix Grantor Trust, acting	■ D <u>2.3</u> □ E/F
2.3	Indravadan H. Patel	24399 Lorain Rd. North Olmsted, OH 44070	Phoenix Grantor Trust, acting	■ D <u>2.3</u> □ E/F
2.4	Jashvantiben Patel	24399 Lorain Rd. North Olmsted, OH 44070	Phoenix Grantor Trust, acting	■ D <u>2.3</u> □ E/F
2.5	Mansukh R. Desai	1615 E. Liberty St. Girard, OH 44420	Phoenix Grantor Trust, acting	■ D <u>2.3</u> □ E/F

Official Form 206H Software Copyright (c) 1996-2016 Best Case, LLC - www.bestcase.com Schedule H: Your Codebtors

Page 1 of 2 Best Case Bankruptcy

Debtor	Delaware Motel Associates, Inc.		Cas	Case number (if known)		
	Additional Page to List	More Codebtors				
	Copy this page only if n Column 1: Codebtor	nore space is needed. Continue nu	mbering the lines se	equentially from the previous Column 2: Creditor	us page.	
2.6	Pallavi M. Desai	1615 E. Liberty St. Girard, OH 44420		Phoenix Grantor Trust, acting	■ D <u>2.3</u> □ E/F □ G	

Schedule H: Your Codebtors

Fill in t	this info	rmation to identify the case:				
Debtor	name	Delaware Motel Associates, Inc.				
United	States E	Sankruptcy Court for the: NORTHERN DIST	RICT OF OHIO			
Case n	umber (i	f known)				☐ Check if this is an amended filing
State	emen	orm 207 It of Financial Affairs for N				•
The dek write th	otor mu: e debto	st answer every question. If more space is r's name and case number (if known).	needed, attach a	a separate sheet to this form. (On the top o	f any additional pages,
Part 1:	Inco	me				
1. Gro	ss revei	nue from business				
	None.					
		ne beginning and ending dates of the debto y be a calendar year	or's fiscal year,	Sources of revenue Check all that apply		Gross revenue (before deductions and exclusions)
	or prio			Operating a business		\$796,939.00
Fr	rom 1/0	1/2015 to 12/31/2015		Other		
		before that:		■ Operating a business		\$270,326.00
Fr	rom 1 / 0	1/2014 to 12/31/2014		☐ Other		
Inclu	ude reve	ss revenue nue regardless of whether that revenue is tax s. List each source and the gross revenue for				oney collected from lawsuits,
	None.					
				Description of sources of	revenue	Gross revenue from each source (before deductions and exclusions)
Part 2:	List	Certain Transfers Made Before Filing for B	ankruptcy			
List filing	paymen g this cas	ments or transfers to creditors within 90 dats or transfers—including expense reimbursemse unless the aggregate value of all property to years after that with respect to cases filed on	nentsto any cred ransferred to that	litor, other than regular employed creditor is less than \$6,425. (Th		
	None.					
Cı	reditor's	Name and Address	Dates	Total amount of value	Reasons to	for payment or transfer

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 1

4.	List pay or cosig may be listed in	ents or other transfers of property may yments or transfers, including expense r gned by an insider unless the aggregate a adjusted on 4/01/19 and every 3 years in line 3. <i>Insiders</i> include officers, director and their relatives; affiliates of the debtor	eimburseme value of all after that w rs, and anyo	ents, made within 1 property transferre ith respect to cases one in control of a c	year before filing this case ed to or for the benefit of the s filed on or after the date of corporate debtor and their re	on deb insider adjusti elatives	its owed to an ir r is less than \$6 ment.) Do not in ; general partne	,425. (This amount aclude any payments ers of a partnership
	■ No	ne.						
		ler's name and address tionship to debtor		Dates	Total amount of value	Re	easons for payı	ment or transfer
5.	List all	sessions, foreclosures, and returns property of the debtor that was obtained losure sale, transferred by a deed in lieu						d by a creditor, sold at
	■ No	ne						
	Cred	itor's name and address	Describe	e of the Property		Date		Value of property
6.	Setoffs List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.							
	■ No	ne						
	Cred	itor's name and address	Descript	ion of the action of	creditor took	Date taker	action was	Amount
7.	List the		ns, arbitration case.	ons, mediations, ar	d audits by federal or state	agenci	es in which the	
		Case title Case number	Nature o		Court or agency's name ar ddress	nd	Status of ca	se
	7.1.	Phoenix Grantor Trust, acting v. Delaware Motel Associates, Inc et al 16-CVE-06-0383	Foreclo		Court of Common Pleas Delaware Co.	3	■ Pending □ On appea □ Conclude	
8.	List any	nments and receivership y property in the hands of an assignee for, custodian, or other court-appointed of				this cas	se and any prop	perty in the hands of a
D	ort 1:	Certain Gifts and Charitable Contribu	utions					
		gifts or charitable contributions the	debtor gav	e to a recipient wi	thin 2 years before filing t	his cas	se unless the a	ggregate value of
	_	ts to that recipient is less than \$1,000	1					
	■ No	ne						
		Recipient's name and address	Descript	ion of the gifts or	contributions	Dates g	jiven	Value
Р	art 5:	Certain Losses						
10	. All los	ses from fire, theft, or other casualty	within 1 ye	ar before filing thi	s case.			

Case number (if known)

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Debtor Delaware Motel Associates, Inc.

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Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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Description of the property lost and how the loss occurred

Amount of payments received for the loss

Dates of loss

Value of property lost

occurred

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

■ None.

Who was paid or who received the transfer?
Address

If not money, describe any property transferred

Dates

Total amount or value

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None.

Name of trust or device

Describe any property transferred

Dates transfers were made Total amount or value

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

■ None.

Who received transfer? Address

Description of property transferred or payments received or debts paid in exchange

Date transfer was made

Total amount or value

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address Dates of occupancy From-To

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?
- No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Official Form 207 Statem

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Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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Best Case Bankruptcy

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For the purpose of Part 12, the following definitions apply:

medium affected (air, land, water, or any other medium).

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the

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Best Case Bankruptcy

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

Case number (if known

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Debtor

Delaware Motel Associates, Inc.

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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Best Case Bankruptcy

26c. Lis	st all firms or individuals who we	ere in possession of the debtor's boo	oks of account and	records v	vhen this case is file	ed.			
-	■ None								
Name	e and address			oks of account and ole, explain why	d records are				
	26d. List all financial institutions, creditors, and other parties, including mercantile ar statement within 2 years before filing this case.				to whom the debtor	issued a financial			
	None								
Name	e and address								
27. Invento Have a		operty been taken within 2 years be	fore filing this case	?					
	No 'es. Give the details about the t	wo most recent inventories.							
	Name of the person who su inventory	pervised the taking of the	Date of inventor		ne dollar amount a r other basis) of ea	and basis (cost, market, ich inventory			
28. List the in cont	List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people n control of the debtor at the time of the filing of this case.								
Name	е	Address	Address Position interest		d nature of any	% of interest, if any			
Chai	mpakhbai Patel	24399 Lorain Rd. North Olmsted, OH 44070	24399 Lorain Rd. Presid		- ,				
Name	е					% of interest, if			
Thal		7323 State Route 37 E		CICOL		uny			
	corbhai Patel	Sunbury, OH 43074	Sh	areholo	ler	8.08%			
control	1 year before the filing of this		s, directors, man	aging me	embers, general pa				
control N Y 30. Paymer Within	1 year before the filing of this lof the debtor, or shareholde No Yes. Identify below.	Sunbury, OH 43074 c case, did the debtor have officer is in control of the debtor who not wals credited or given to insiders in the debtor provide an insider with the debtor with the debtor provide an insider with the debtor with t	s, directors, man longer hold thes	aging me e positio	embers, general pa ns?	rtners, members in			
control N N So. Paymer Within loans, c	1 year before the filing of this lof the debtor, or shareholde No Yes. Identify below. nts, distributions, or withdrawn year before filing this case, distributions this case, distributions this case, distributions the cas	Sunbury, OH 43074 c case, did the debtor have officer is in control of the debtor who not wals credited or given to insiders in the debtor provide an insider with the debtor with the debtor provide an insider with the debtor with t	s, directors, man longer hold thes	aging me e positio	embers, general pa ns?	rtners, members in			
control N N So. Paymer Within loans, c	1 year before the filing of this of the debtor, or shareholde to the debtor, or withdrawn the description of the debtor of th	Sunbury, OH 43074 s case, did the debtor have officer rs in control of the debtor who no wals credited or given to insiders d the debtor provide an insider with yons, and options exercised? Amount of money or de	s, directors, man longer hold thes	aging me e positio	embers, general pa ns?	ensation, draws, bonuses,			
control N Y So. Paymer Within loans, c	1 year before the filing of this of the debtor, or shareholde to the debtor, or withdrawn and the debtor of the debtor, or shareholde the debtor of the d	Sunbury, OH 43074 s case, did the debtor have officer rs in control of the debtor who no wals credited or given to insiders d the debtor provide an insider with vons, and options exercised?	s, directors, man longer hold thes	aging me e positio	embers, general pa ns? salary, other compe	rtners, members in			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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Debtor	Delaware Motel Associates, Inc.		Case number (if known)				
■	No Yes. Identify below.						
Name	e of the parent corporation		Employer Identification number of the parent corporation				
32. With	in 6 years before filing this case, has the debtor	r as an employer been respons	ble for contributing to a pension fund?				
	No Yes. Identify below.						
Name	e of the parent corporation		Employer Identification number of the parent corporation				
Part 14:	Signature and Declaration						
WARNING Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.							
	we examined the information in this Statement of Ficorrect.	inancial Affairs and any attachme	nts and have a reasonable belief that the information is true				
l de	clare under penalty of perjury that the foregoing is t	true and correct.					
Execute	d on July 24, 2016						
	mpakbhai Patel e of individual signing on behalf of the debtor	Champakbhai Patel Printed name					
Position	or relationship to debtor President						
Are addi ■ No □ Yes							

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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Best Case Bankruptcy

In re	Delaware Motel Associates, Inc.		Case No.			
		Debtor(s)	Chapter	11		
	DISCLOSURE OF COMPENSAT	TION OF ATTOR	NEY FOR DE	CBTOR(S)		
(Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I ce compensation paid to me within one year before the filing of the be rendered on behalf of the debtor(s) in contemplation of or in	e petition in bankruptcy, o	r agreed to be paid	to me, for services rendered or to		
	For legal services, I have agreed to accept		\$	0.00		
	Prior to the filing of this statement I have received		\$	0.00		
	Balance Due		\$	0.00		
2.	1,717.00 of the filing fee has been paid.					
3.	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
4.	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
5.	■ I have not agreed to share the above-disclosed compensation	n with any other person un	nless they are meml	pers and associates of my law firm.		
	☐ I have agreed to share the above-disclosed compensation we copy of the agreement, together with a list of the names of t					
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
1	a. Analysis of the debtor's financial situation, and rendering ad b. Preparation and filing of any petition, schedules, statement of Representation of the debtor at the meeting of creditors and d. Representation of the debtor in adversary proceedings and of the provisions as needed.	of affairs and plan which ne confirmation hearing, and	nay be required; any adjourned hear			
7.	By agreement with the debtor(s), the above-disclosed fee does n	not include the following s	service:			
	CER	RTIFICATION				
	I certify that the foregoing is a complete statement of any agreed ankruptcy proceeding.	ment or arrangement for p	ayment to me for re	epresentation of the debtor(s) in		
J	uly 24, 2016	/s/ David A. Mucklo	ow. Esa.			
_	ate	David A. Mucklow,				
		Signature of Attorney David A. Mucklow				
		919 East Turkeyfoo	ot Lake Road			
		Akron, OH 44312	000 000 0001			
		330-896-8190 Fax davidamucklow@y				
		Name of law firm	,			

In re	Delaware Motel Associates, Inc.		Case No		
		Γ	Debtor(s)	Chapter	
- II ·		-	ECURITY HOLDERS		
Followi	ng is the list of the Debtor's equity security ho	olders which is prepar	ed in accordance with rule 10	107(a)(3) fo	or filing in this Chapter 11 Case
	e and last known address or place of ess of holder	Security Class	Number of Securities	k	Kind of Interest
-NONI	E-				
DECI	LARATION UNDER PENALTY O	F PERJURY ON	BEHALF OF CORP	ORATIO	ON OR PARTNERSHIP
read th	I, the President of the corporation name foregoing List of Equity Security H			•	• • •
Date	July 24, 2016	Signat	ture /s/ Champakbhai Pa		
			Champakbhai Pate		

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

In re	Delaware Motel Associates, Inc.		Case No.		
		Debtor(s)	Chapter		
	VERIFIC	CATION OF CREDITOR MA	TRIX		
, the P	resident of the corporation named as the	debtor in this case, hereby verify that the at	tached list of	f creditors is true and correct to	
he bes	t of my knowledge.				
Date:	July 24, 2016	/s/ Champakbhai Patel			
		Champakbhai Patel/President			
		Signer/Title			

Alata I. Patel 24399 Lorain Rd. North Olmsted, OH 44070

Champakbhai Patel 24399 Lorain Rd. North Olmsted, OH 44070

Delaware County Treasurer 140 N. Sandusky St. Delaware, OH 43015

Indravadan H. Patel 24399 Lorain Rd. North Olmsted, OH 44070

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101

Internal Revenue Service Insolvency Group 1240 East 9th Street Room 403 Cleveland, OH 44199

Jashvantiben Patel 24399 Lorain Rd. North Olmsted, OH 44070

Mansukh R. Desai 1615 E. Liberty St. Girard, OH 44420

Ohio Bureau of Workers Compensation 30 W. Spring St. Columbus, OH 43215

Ohio Department of Taxation Bankruptcy Division PO Box 530 Columbus, OH 43216 Pallavi M. Desai 1615 E. Liberty St. Girard, OH 44420

Phoenix Grantor Trust, acting through its trustee, OAT Trustee, 301 Commerce Street, Ste. 3300 Fort Worth, TX 76102

Sound Garden PO Box 2028 Woodstock, GA 30188

Sunberry, LLC 4508 Monticello Blvd. Cleveland, OH 44143

In re	Delaware Motel Associates, Inc).	Case No.	
		Debtor(s)	Chapter	11
	CORPOR	RATE OWNERSHIP STATEMEN	T (RULE 7007.1)	
recusa follow	al, the undersigned counsel foriring is a (are) corporation(s), other	y Procedure 7007.1 and to enable the Delaware Motel Associates, Inc. in the er than the debtor or a governmental (s') equity interests, or states that there	ne above captioned unit, that directly of	action, certifies that the r indirectly own(s) 10% or
■ Non	ne [Check if applicable]			
July 2	.4, 2016	/s/ David A. Mucklow, Esq.		
Date		David A. Mucklow, Esq. 0072	875	
		Signature of Attorney or Lit		
		Counsel for Delaware Moto	el Associates, Inc.	
		919 East Turkeyfoot Lake Ro	ad	
		Akron, OH 44312 330-896-8190 Fax:330-896-82	01	
		davidamucklow@yahoo.com		